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| HKCPN-01 (1)      **Hong Kong College of**  **Perioperative Nursing**  **Pre Membership Log Book**  **Part I** |



**Hong Kong College of Perioperative Nursing**

Name of Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Membership no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mentor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Fellowship no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fellowship no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fellowship no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Name of Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Institute /Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Introduction**

This training log book aims to record competency training for nurses who are working in peri-operative care and for those who are interested to develop their specialty into peri-operative nursing.

1. **Mission**

To promote excellence in peri-operative nursing and health care in Hong Kong through regulating specialist nursing practice and education.

1. **Objectives of the log book**

* To provide trainee to record his/her training, clinical experience and achievement in details
* To guide the trainee to equip themselves with knowledge & skills in perioperative setting
* To develop the trainee’s attributes for fellow member requirement.
* To assist mentor to assess overall training and provide extra training if needed

**4. Entry for Ordinary Membership of Hong Kong College of Perioperative Nursing**

* Complete RN registration in Hong Kong with a valid practicing certificate
* Accumulated 4 years of experience working in the perioperative setting in recent 6 years
* Obtained a master’s or higher degree in Nursing or Healthcare related discipline after RN registration
* Complete 500 theoretical hours in advanced practice certification program, with a minimum of 300 hours at postgraduate level and the remaining hours recognized by Hong Kong College of Perioperative Nursing.
* Complete 250 hours of Guided Clinical Practice at clinical practice site recognized by Hong Kong College of Perioperative Nursing.
* Show satisfactory performance at admission interview conducted by Hong Kong College of Perioperative Nursing.
* Complete self- declaration of criminal conviction or professional misconduct

**5. Training Assessment**

Trainees is required to complete 500 theoretical hours in advanced practice certification program, with a minimum of 300 hours at postgraduate level and the remaining hours recognized by Hong Kong College of Perioperative Nursing

* This section should be entered by trainee
* The record should be submitted with supporting document, such as transcript of training program.

**Required theoretical Criterial (Not limited to)**

* Theoretical Foundation of Nursing
* Health Promotion and Health Assessment
* Healthcare Policy & Health Resources
* Research/ Evidence-based practice
* Ethic and Legal Issue
* Quality and Safety
* Philosophical Foundation for Advanced Nursing Practice
* Core and Knowledge under Perioperative Specialties: Perioperative Care, Endoscopy, Sterile Supplies, Pain Management, Perfusion
* Specialized practice /Case management related to specialties

**6. Clinical Practice and Assessment**

6.1 Trainee is required to complete 250 hours of Guided Clinical Practice at clinical practice site recognized by Hong Kong College of Perioperative Nursing. The performance of each candidate will be assessed on her/his selected clinical attachment for which he/she has registered. The assessment may be in the form of continuous assessment. The assessment will be conducted by logged cases that are practiced intraoperatively & during post Anaesthesia care.

6.2 **Level of Competence**

To assist trainers in achieving their competencies, a five- level model of competence is used. The level of competence ranges from observation (1) to independent practice (5).

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| Level 1 | Observer | Observe the clinical activity |
| Level 2 | Practice under assistance | Performs the clinical activity under assistance |
| Level 3 | Practice under direct supervision | Performs the clinical activity under direct supervision |
| Level 4 | Practice under indirect supervision | Performs the clinical activity under indirect supervision |
| Level 5 | Independent practice | Performs the clinical activity independently |

6.3 The trainee is required to perform the following perioperative activities

* Preoperative patient assessment and identify patient problems and also address their psychological social problems
* Intraoperative continuity of care
* Post operative Care and follow up.

6.3.1. Attain 25 records of cases for intraoperative care and/or post anaesthesia care as below:

* Attain 5 ultra- major operations records for clinical activities in one of any subspecialties or PACU care. The trainees are required to at least practice under direct supervision (Level 3) in intraoperative activities (scrubbing & circulating the case, monitoring the patients). (Fill in 8.2 & 8.3 Logged case record)

* Attain 15 major operations records for clinical activities in one of any subspecialties or PACU care. The trainees are required to at least practice under indirect supervision (Level 4) in intraoperative activities (scrubbing & circulating the case, monitoring the patients). (Fill in 8.2 & 8.3 Logged case record)
* Attain 5 major operation records for perioperative care management in two of any subspecialties. The trainee are required to practice independently (Level 5).
* All learning activities have to be well documented.
* A summary of logged cases must be recorded and submitted. Description of each case selected at least in 200 words (use separate sheet).
* Suggested activities for Perioperative care management

You are required to take references but not limited to the following:

1. Preoperative patient assessment and identify patient problems
2. 0btain comprehensive health status of patients
3. interpret results of blood investigation and imaging examination
4. address specific problems for planning of intraoperative intervention
5. provide emotional support and specific care/advice regarding surgery to patients and their relative
6. demonstrate effective communication skills to enhance establish a caring relationship with the patient and significant others.
7. identify risks likely happened intraoperatively and do preventive measures
8. prepare appropriately the OT environment/ instruments/ endoscopes/consumables/equipment for surgery
9. address specific consideration for surgical and anaesthesia needs in various kind of operations
10. Other, please specific
11. Intraoperative continuity of care
12. physiologically monitor the client during surgery
13. provide emotional support and specific care/advice to patients
14. ensure the principles of infection control & microbiology are applied to activities within the OT environment
15. provide instruments, equipment and supplies based on client needs
16. implement care for prevention of physical injuries of patients
17. administer drugs and solutions & blood as prescribed
18. identify risks likely happened intraoperatively and do preventive measures
19. implement a physical and psychological environment which promotes safety & privacy & comfort for patients.
20. address specific consideration for surgical and anaesthesia needs in various kind of operations
21. response promptly to critical situation happened intraoperatively
22. other, please specify
23. Post operative care & follow up
24. physiologically monitor the client after surgery
25. provide emotional support and specific care/advice to patients
26. implement care for prevention of physical injuries of patients
27. administer drugs and solutions & blood as prescribed
28. identify risks likely happened postoperatively and do preventive measures
29. implement a physical and psychological environment which promotes safety & privacy & comfort for patients.
30. provide specific postoperative care for surgical and anaesthesia needs in various kind of operations
31. response promptly to critical situation happened postoperatively
32. other, please specify

**7. Clinical Attachment Centers**

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| Clinical Institute | Unit | Name of Trainer(s) / Mentor | Date of Clinical Attachment | |
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**8 Clinical Assessment Record**

* 1. **Record of Perioperative Clinical Management**

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| **Working location/OTs** | **Subspecialty** | **Period** | **No of weeks** | **Signed by Mentor** |
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* 1. **Logged case of intraoperative activity** (separate sheet for details if require)

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| **Case No** | **Date** | **Specialty/ Magnitude of operation** | **Name of Operation / intraoperative activity (s) involved** | **Level of Competence** | **Signed by Trainer** | **Signed by Mentor** |
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| **Case No** | **Date** | **Specialty / Magnitude of operation** | **Name of Operation / intraoperative activity (s) involved** | **Level of Competence** | **Signed by Trainer** | **Signed by Mentor** |
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| **Case No** | **Date** | **Specialty / Magnitude of operation** | **Name of Operation / intraoperative activity (s) involved** | **Level of Competence** | **Signed by Trainer** | **Signed by Mentor** |
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* 1. **Logged case of post anaesthesia care** (separate sheet for details if require)

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| **Case No** | **Date** | **Specialty / Magnitude of operation** | **Name of Operation / Post anaesthesia care involved** | **Level of Competence** | **Signed by Trainer** | **Signed by Mentor** |
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**9. Clinical Attachment Evaluation**

Trainees are expected to take the responsibility for own professional development. They are required to evaluate their own strengths, weakness and identity areas of improvement.

Mentors provide trainees with guidance on their practice and evaluation of their progress

**Evaluation Sheet A :** Periodical Evaluation Record

(To be completed by Trainer /Mentor and Trainee)

**(1)**

Clinical Institute : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ward / Unit / Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1st Evaluation**

Trainer / Mentor

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Trainee

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Signature of Mentor : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(2)**

Clinical Institute : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ward / Unit / Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Evaluation**

Trainer / Mentor

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Trainee

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Signature of Mentor : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Trainee : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation Sheet B:** Summary Evaluation Record

(To be completed by Nurse Supervisor -   
 NO / APN / WM / NS / DOM / NC before transfer to other clinical Department or

upon completion of training program)

Ward : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date | Trainee's Feedback | Name and Signature  of Trainee |
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| Date | Supervisor's Feedback | Name, rank and Signature  of Supervisor |
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**Countersigned by DOM / Unit Head** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Signature)

**Date**  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Accuracy**

I declare that the information contained in the Log Book covering the period

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is a valid and accurate record of my training experiences.

Signature of Trainee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Block Letter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_